		T OF TRANSI						(Conti	inuation	Sheet)				(	OME	SHEET 3 Approva		DF <u>2</u>
1. Name of Reporting Railroad     2							2. Alphabetic Code 3. R		Report Month			4. Report Year		r				
AM	ITRAK									ATK	1	03				20		
5a. Accident/Injury Number			5b. 5c. Day Time of Day		•	5d. County								5e. State		5f. Type Person/ Job Code		ig. Age
16334	41		03 12:1		15 PM WH		WHARTON							48		E		
5h. 5i. Drug/ Injury Alcohol Test Illness A D Code		Injury Illness	5j. 5k. Physical Locatio Act		5k. Location	5I. Event		5m. Tools		5n. Cause	5o. Number of Days Away From Work		5p. Number o Days Restricted	Hazma			5r. Special Case Codes	
		108	21	A	A 14B4		32	18		10	0	(	D	N				
5s. L	atitude	1	2	9.56388	83				5t. Long	gitude			-96.25	53074				
5a. Accid	dent/Injur	y Number	5b. Day	5c. Time of Da	•	5d. Coun	nty							5e. State		5f. Type Person/ Job Code	A	5g. Age
		y Number		Time	e ay	Coun	nty ARTON									Type Person/	A	Age
Accid 16334 5h. Drug	41	y Number 5i. Injury Illness Code	Day	Time of Da 12:15	e ay	Coun		5m. Tools		5n. Cause	5o. Number of Days Away From Work		5p. Number o Days Restrictec	State 48 f Ex Ha	1.	Type Person/ Job Code C	5r.	Age 4 ial Case
Accid 16334 5h. Drug, Alcoh	41 / nol Test	5i. Injury Illness	Day 03 5j. Physical	Time of Da 12:15 5 L	e ay 5 PM 5k.	Coun WH	ARTON			1	Number of Days Away		Number o Days	State 48 f Ex Ha	ı. kposu	Type Person/ Job Code C	5r. Spec	Age 4 ial Case
Accio 16334 5h. Drug, Alcof A	41 // nol Test D atitude	5i. Injury Illness Code 206B	Day 03 5j. Physical Act 60 2	Time of Da 12:15 5 L	e ay 5 PM 5k. Location 2 14A7	Coun WH	ARTON 51. Event	Tools	5t. Long	Cause	Number of Days Away From Work		Number o Days Restricted	State 48 f Ex Ha N	ı. kposu	Type Person/ Job Code C	5r. Spec	Age 4 ial Case
Accid 16334 5h. Drug Alcof A 5s. Li 5u. N	41 nol Test D atitude	5i. Injury Illness Code	Day 03 5j. Physical Act 60 2 racters) 2	Time of Da 12:15 5 L 9.56388	e av 5 PM 55k. Location 2 14A7 83	Coun	ARTON 5I. Event 32	Tools 18		Cause 11 gitude	Number of Days Away From Work		Number o Days Restricted	State 48 f Ex Ha N	ı. kposu	Type Person/ Job Code C	5r. Spec	Age 4 ial Case
Accid 16334 5h. Drug Alcot A 5s. Li 5u. N PE	41 Nol Test D atitude Narrative R CLAIM	5i. Injury Illness Code 206B (Up to 250 Char	Day 03 5j. Physical Act 60 2 racters) 2	Time of Da 12:15 5 L 9.56388	e av av 5 PM 5k. Location 2 14A7 83 JNDERS	Coun	ARTON 5I. Event 32 DING PAX TREA	Tools 18		Cause 11 gitude	Number of Days Away From Work		Number o Days Restricted	State 48 f Ex Ha N	ı. xposu azma	Type Person/ Job Code C	5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 7 7 7 7	Age 4 ial Case

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report ...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. In trespasser cases and in cases of suicide/attempted suicides, the estimated average time to complete this form is 50 minutes and 65 minutes, respectively. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.

## RAILROAD INJURY AND ILLNESS SUMMARY

DEPARMENT OF TRANSPORTATION (Continua FEDERAL RAILROAD ADMINISTRATION (FRA)								on Sheet)						SHEET <u>2</u> OF <u>2</u> OMB Approval No:		
1. Name of Reporting Railroad								2. Alphabetic Code 3.			3. Report Month			4. Report Year		
AM	FRAK				ATK	АТК		03			20					
5h. Drug/ Alcohol Test A D		5i. Injury Illness Code	5j. Physic Act	al Location	5I. Event	5m. Tools	5n. Caus	e	5o. Number of Days Away From Work	/ D	5p. Number of Days Restricted	5q. Exposure to Hazmat		5r. Special Ca Codes	Case	
		105E	60	A 14A7	32	18	11		0	0						
5s. Latitude 29.563883					·	5t. Long			gitude			-96.253074				
		(Up to 250 Cl		FO OUR UNDER	STANDING PAX	TREATED IN I	ER. ORTHO A	ID PT.								

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report ...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. In trespasser cases and in cases of suicide/attempted suicides, the estimated average time to complete this form is 50 minutes and 65 minutes, respectively. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.